

Telephone interview with former LT Raymond Roderick Malott, physician assigned to PCE(R) 852. Conducted by Jan K. Herman, Historian of the Navy Medical Department, 6 May 2005. (1915-2008)

I had a chance to read your book which I enjoyed very much. You're a very good writer. It was very graphic writing.

Thank you.

And I learned a lot from it. Between having spoken to Mr. Samuels, I got a pretty good background of what it was like on the 852. But I wanted to ask you from your perspective. When you reported to the 852, what were your impressions of that little ship?

I was in the Navy on active duty only 10 days when I was summoned to the office and handed a set of orders. While I was standing there trying to decipher the Navy-ese and all the mysterious initials and acronyms and translate them into understandable English, the civilian clerk took it on herself to give me an unsolicited lecture about now, this is your sea duty, so don't complain. So I found someone who could read Navy-ese, and learned I was to report to the Pullman building yard as prospective medical officer of the PCE(R) 852, near the woodlawn area in Chicago where I had been living. And when I did get down to the Pullman building yard, I pitched right in, getting acquainted with the ship and crew, inventorying my equipment and supplies, and learning how I was to fit in with the ship's mission.

I felt no resentment nor disappointment. I did not anticipate, though, that I would spend the rest of the war and rest of my life explaining what kind of a ship I had served on because nobody had ever heard of it. There were only 12 of them that were so equipped, and only 6 or 9 of them ever saw action.

What was the sick bay? How was that configured?

The ship was built on a minesweeper hull, 180 foot long and 30 foot wide. Because of the terrible attrition of our convoys by the German submarines, the Navy had re-designed these ships as anti-submarine vessels, similar to the corvettes that the British were using to protect their convoys. And they had a fairly long weather deck, so someone had the bright idea of extending the superstructure to enclose a sick bay to take care of the wounded and survivors from the sunken cargo ships, leaving only a tiny fantail aft of the sick bay. The roof of the sick bay then became the gun deck.

But the sick bay itself was 40 foot from front to back and 30 foot wide, and contained 78 bunks, three tiers high. And it also contained a small surgery about 8 foot square and a tiny pharmacy about 8 foot by 4 foot or so. And an X-ray darkroom was on the platform deck below, so the X-ray tech had to take the X-rays down there to develop them.

Well, I was going to ask you what you used if you needed an O.R. table.

Oh, they had one built in this little space. It was about 8 by 8, and the table was welded right in there. And the only drawback to it was that when I stood there operating, the autoclave that was used to sterilize instruments was still steaming from the instruments we'd sterilized, was right behind my back by a few inches.

How many corpsmen did you have with you?

We started out with three when we were going through shakedown, and then when we got to Pearl Harbor why they added six more. The chief pharmacist was more or less involved in administration. That's what he liked to do, so he knew how to do the paperwork. And then we had a number of surgical technicians who could help with the surgery and do minor surgery themselves. And then we had an x-ray technician, and that was about it. And two hospital apprentices. Samuels was one of them.

Do you recall the trip across the Pacific to the Philippines? You didn't go directly to the Philippines, but do you remember the trip over in that pretty small ship?

Oh yes. It was quite uneventful.

You did the crossing the line stuff, all that ritual, didn't you?

Yes, we crossed the equator and the international dateline on the same day, so we had one initiation for both. And then we all got a card to carry in our wallet showing that we were genuine shell backs and so forth.

The first action that you all saw on that shift was with the Leyte invasion.

That's right.

And in the book you talked a little bit about the fact that the first casualties were Army, weren't they?

Yes, that's right. And again we encountered the same problem. No one knew what we were or what we were capable of, and apparently didn't realize we had medical facilities. So I had the captain run up the Mike flag, indicating we had medical facilities on board. The first casualties we received for treatment were from an Army tent hospital on shore which had been bombed. Prior to that, we had received some Navy wounded from the cruiser *Honolulu* [CL-48], but they had already been treated, so they only required inspection of their wound dressings and transfer to an outbound troopship.

Also, as I recall, you had one of your crew members, a guy named Dempsey, was your first crewman who was wounded.

That's right.

You took care of him?

Yes, I took care of him, but we transferred him out because of the potential seriousness of the wound. Like I said in the book, the thing went in in his right groin and came out his left buttock. And you could tell that because the wound of entry is smaller than the one where it comes out. There's a big blowout-- a ragged, jagged larger hole. So we got a urine specimen and checked it for blood, and there was no blood in it. So presumably the bullet didn't go through his bladder. And I did a rectal exam and no blood in the rectum, so presumably it missed his rectum, too. So apparently it just wandered through the soft tissues and his pelvis without hitting anything of importance and emerged out of the left buttock.

How was he wounded? Had he been ashore?

No. He wandered up from the ship's office to the deck after lunch just to get some fresh air and see what was going on in the rest of the world. And while he was standing up there we

were strafed. The next thing he knew, it slammed him down to the deck, covered with blood. So they lugged him down to sick bay.

Oh, I see.

That's where we examined him. Anyhow, we watched him, and he didn't develop a fever or any other ominous signs. But I wasn't going to take any chances on it, so I evacuated him with some of the other wounded. And he rejoined the ship then before we got to Okinawa.

You didn't have any real antibiotics to work with. You didn't have penicillin. You had sulfa, didn't you?

We had sulfa powder, and that was about it. And then there were sulfa tablets. Everyone, in their emergency first aid pack, was issued some sulfonamide tablets, and if they got wounded they were supposed to take them all to foil the bacteria until they could get their wound treated.

The problem was that so many of these guys discovered that when they got gonorrhea they could take all four of the sulfa pills and the discharge would stop. The only problem was that four pills weren't enough to cure the gonorrhea, so it would flare up again, and that's how we developed all of these strains of sulfonamide resistant gonorrhea.

So the sulfa was not – you didn't have enough of it to really do the job, but it was all you had to work with. You didn't have penicillin at that time.

No, penicillin was in manufacture, but it was so scarce that the Navy had it in their hospitals, I know, and they kept it under lock and key. It was a very precious commodity at that time.

Around the time of the Leyte invasion and such, you saw your first Japanese bomber. Did you witness that shoot down of that thing?

No, I didn't witness it. When we went to general quarters--battle stations. My station was in sick bay. So I didn't see it myself, but I heard about it in short order. The fellow who shot the thing down was from Appalachia somewhere--Tennessee or Carolina--and really quite a good shot. So anyhow, it was a Sunday morning and rather quiet, and the officer on the deck was looking up at this plane and all of a sudden he recognized the silhouette as a Japanese Betty bomber. So he yelled, "Hey! It's a Jap. General quarters!"

And so, the loader got to that particular gun before the gunner did, so he had the thing all set up and ready. The Betty bomber was cruising around in circles way up high looking for a nice fat target. And Jackson, the gunner, arrived there, swung the thing up and fired about six shots right into his bottom. And he plunged down into the bay, and that was it except we got a "Well done" from the command ship, which was nice.

And you got to paint a meatball on your ship.

Yes.

Just after this, you ran into a horrible typhoon, and I know Mr. Samuels was telling me a little bit about it. But from your perspective, what was it like living through that storm?

Well, it wasn't so bad inside the ship. We were still in Leyte Gulf, and were theoretically supposed to be at anchor, but we had both anchors out and the motors running and we were still dragging anchor. The wind was so fierce that it was blowing us toward the beach, and so

periodically the anchor detail would have to go up on deck to pull up the anchors. Then we would rev up to a higher speed and steam out further away from the shore and drop the anchors again, and then resume the dragging of anchors all over again.

I don't know, we had to do that about three times. The first lieutenant was the one that ran the deck crew. In our particular case, it was Ensign McConnell. But anyhow, he was laid up in his bunk. I don't know what he had. Don't remember. Maybe he had neuritis in his leg.

So just to make it official, I went up topside with the anchor detail, and it was a very interesting experience. The wind was driving the rain across horizontally, and, as you can imagine, standing there, taking raindrops in your face at 70 miles an hour, it hurt. And the anchor sea detail couldn't even stand up. They crawled on their bellies across the deck and did their thing there to release the anchor chain so that the anchor windlass could start pulling the anchors up again.

And then when the anchors were up in place, then they replaced the pins through the chain that held the anchor, kept the anchor from going down again. And I ended up hanging on to the lifelines--the fence around the deck. But it was a lost cause. I had to lie down on the deck, too, on my belly to keep from getting blown overboard.

How long did that storm last?

I have no idea now. It was a matter of some hours.

Did you ever fear that your little ship was going to be able to make it through that?

Oh no. I always assumed the best, you know? I didn't sit around dwelling about what might happen.

You had enough trouble, enough to do without working about that.

Yes, we had enough to take care of without looking for trouble.

In your book, you described a soldier that came aboard with a very serious chest wound in which his . . . I guess he had a sucking chest wound and his pleura or his cavity was filling with blood. Do you remember that patient?

Yes. I went into quite a bit of detail describing the wound, but he was certainly fortunate. It hit him in the right posterior lateral chest and traveled along the course of one of the central ribs, chewing up the rib as it went and pulverizing it. And then when it ran out of rib, it went forward through his chest and hit the inside of the breastbone and reflected off of that and came out of the chest wall on the left side of the breastbone.

When I first saw him, I thought, criminy, how come his heart is still working and he's still alive? But as we followed the condition of the guy, he was having more and more trouble breathing, so we had a chest x-ray and saw that the right chest was filled up with blood so much so that it was pushing his heart to the left. And that's when I decided to open him up.

And in doing so, you relieved the pressure, removed the blood from the lung?

Well, the main reason for the surgery was to find the bleeder and shut off the bleeder so that the function of the lungs and heart could be restored the way they were supposed to be. So this rib that was all chewed up by the bullet as it traveled along the length of the rib (Underneath each rib there runs an artery, and they call it an intercostal artery, meaning between the ribs.).

At the end of the rib where it disappeared completely, I found the torn artery still spurting blood into his chest. I got a tie around it, and actually put on several ties and knotted them because it was a fairly vigorous artery. Once we got that accomplished, we had it made, except for getting him closed.

That obviously was a very memorable patient because of the amount of work that was required to stabilize him. Are there any other patients from that early period that stand out in your mind as being a challenge really to save?

Well, there was that first casualty off of the beach. He'd been injured by a mortar blast, and there was bone, a bunch of rock and mud and everything else in the wound, and it was a horrible, deep wound in his right thigh that had chewed a great big chunk out of the muscle all the way through to the other side of the thigh.

And yes, that was difficult to work on trying to get it all cleaned up because all this mud and rocks had been blasted into the wound, as well. So here we are with sterile sheets all over and draped around the wound to get a nice sterile field, so that we won't take any germs down into the wound. And at the same time, I am using sterilized rubber gloves and sterile instruments, and I have to pick all of these rocks, mud, fertilizer, and manure out of the wound. And so it was quite a novel experience for a neophyte in my situation who had a very abbreviated training in surgery.

What did you use to irrigate? What did you do to irrigate a wound like that to clean it? How did you do that?

You used sterile saline. Saline is a solution of water with about one percent sodium chloride --table salt--in it. And the reason it's called normal saline, and the reason we used that is because it has the same osmotic pressure as blood and tears and tissue juices in general, so it doesn't feel raw like water, and it's not salty like salt. It's quite soothing, but, of course, it has no antiseptic properties. All it can do is wash out the mud and stuff.

Later on, sometime in the latter part of the 1900s, they come up with a medication called Betadine, which was a real boon because you could dump that into a wound. You could even dump it into the body cavity and it would kill the germs without injuring tissues.

It's normally used as a cleanser, isn't it?

Yes.

Topically on the surface of the skin?

Yes. They use it to prep the skin before making an incision or before repairing a wound, but the nice thing about it is that you can get it into the wound and into organs without damaging them.

But you didn't have anything like that. You just had normal saline. That was all you had.

That's all we had.

And could you sprinkle sulfa powder on the wound to help?

Yes, actually we got it as clean as we could and then cut off all of the dead and damaged tissue that we dared. Then we would sprinkle it with sulfonamide and hope that that would take care of the rest of the contamination. Sulfanilamide was technically not an antibiotic but a

bacteriastatic. It's a kind of a technical distinction. It didn't actually kill the bacteria. It just discouraged their processes so that they did not invade.

I see. Boy, you sure could have used some penicillin at that time with those kinds of wounds.

Oh yes.

Right around that time, the Leyte campaign is where the Japanese started to use the kamikazes for the first time. How were introduced to this new very frightening prospect? Do you remember?

I don't remember which was the first event. There was one where one came over and crash-dived a merchant ship, and I got involved in treating the wounds for that one. I think I wrote about that in the book. The PCE(R)851 got there first, and so they took the wounded off because there were so many of them. I and a bunch of my corpsmen transferred over to the 851 to help take care of them, and among them was the guy that had a piece of the Japanese airplane in his liver.

The other time was when we were loading ammunition ourselves from an ammunition ship. A kamikaze came over and started into his dive and it looked like he was heading right for us.

I described this in my book, too, the fact that an ammunition ship blew up in the harbor and just absolutely disappeared, together with some of the small craft also that were never seen again. And we were thinking of that when that kamikaze was streaking down toward us, but he decided to go after another target, which was fortunate. Because if he'd hit that ammunition ship, that would have been the end of a lot of us.

Well, we wouldn't be having this chat right now.

No.

I imagine the wounds that you were now seeing were probably worse than anything you could have ever imagined. I imagine these kamikazes causing fires and explosions and all that. How did you deal with the numbers of patients that you were seeing at once?

We did rapid triage and picked out the worst ones that needed treatment right now, and the ones that were relatively minor wounds the corpsmen could take care of those while I was working on the worst. We didn't operate on everybody that came in there. It was only the ones where there was some pressing reason for it.

It must have been a constant state of terror though with these kamikazes. I've talked to some of the other people, and they said they were constantly in a state of heightened alert and tension. They said it started to play on their minds after a while.

I don't think that it affected our crew in the Philippines. It did after a while at Okinawa because there it went on for 3 months, night and day, like an ongoing nightmare. After helping to carry aboard 750 badly wounded sailors from stricken ships and seeing the dead bodies stacked on our fantail, and enduring the constant strain and loss of sleep and extreme fatigue, it finally reached a point where our crew began to lose their feeling of personal immunity and to realize, "My God, this could happen to me, too." These were 19- and 20-year-old draftees. We

began to find them weeping at their battle stations, staring into the darkness with their finger frozen on the trigger, overwhelmed with anxiety and the crushing weight of responsibility.

I made periodic reports to BUMED on our activities called a "Sanitary Report," and I felt obligated to report this also. The captain asked me to tone it down so that there would be no implication of cowardice or faulty leadership and, in fact, our crew always went into full battle mode whenever there was a new call to action, no matter how exhausted or stressed. I am very proud of my shipmates.

There is one of the incidents that Mr. Samuels talked about, and you mentioned it in your book because it was very graphic. It was when you had to go to the relief of the *Ralph Talbot*. Could you describe that experience of taking your backpacks and going aboard the *Talbot*?

Yes, same as in the book. We assembled there on our deck, and we were both going along about as fast as we could go and the ships were kind of swaying apart and together again. The prospect of trying to jump across and not making it was very good, more or less certain death. But I didn't stop and think about all of that.

The idea was first to get on that destroyer, so I got on the destroyer. When the ships swayed together, I reached over and grabbed the lifelines on the destroyer and made a mighty heave and vaulted over our lifelines and the destroyer's lifelines and came down on the deck. And then the corpsmen that came over with me got there the same way.

When you got aboard, you found a pretty frightening situation, didn't you?

Yes. It was a real charnel house with guys with their legs torn off at the knees. The most memorable thing though is wading through the blood and seawater down below decks. You could even smell the blood, and it was slippery and hard to stand up without sliding on it. And then when we found the wounded, we saw where all the blood had come from.

Two of them died there in the night in spite of everything we could do because we just didn't have the plasma and the whole blood and so forth to replace what they had lost.

You were able to do some treatment on these people and saved some, and then you took them, I think, to the *Pinckney*, didn't you?

Yes.

Because the *Pinckney* had a bigger medical facility aboard.

Well, the *Pinckney* was a troopship called an APH, an Auxiliary Personnel Hospital.

It actually had the designation of APH because of its hospital facility, I think, didn't it?

Yes, auxiliary personnel, and then they had rather sophisticated hospital facilities on it, too. Anyhow, I and my corpsmen went aboard the *Pinckney*, too, and they fed us a real nice breakfast, better than we'd had for quite a while, even bacon and eggs and whatnot and gave us a place to lie down and rest.

Eventually, our own ship came in and picked us up. We were on our way out of the anchorage when the Japanese kamikazes came over again. We didn't go back to the *Pinckney* to help because they had better facilities and more people than we did. But we found out later that

the *Pinckney* had been crash-dived right in the sick bay and killed two of the guys out of the four that we had left onboard.

That must have been very disheartening to hear about.

I guess it went with the territory.

Yes. There was an incident where your ship picked up a Japanese airman in the water. Do you want to relate that experience?

Yes. I wasn't aware that was going on until I got called. I was busy triaging the people we picked up from the sunken ships. But then they called down to sick bay and asked me to come up there and take care of this Jap because he was wounded. So that was the first I saw of him. He was quite a muscular guy and was stripped down to nothing except a breech clout. That was something. The Japanese wore these breech clout just like the native American Indians had done.

But anyhow, his left buttock had a big gaping hole in it, not too deep, but fairly big where apparently a piece of shrapnel had come through and caused this wound. It wasn't any big deal. We sprinkled sulfa powder in it and taped a bandage over it, and that was all the contact I had with the guy.

Did he seem at all grateful for your work or did he seem scared to death that the rest of the crew was going to tear him to shreds?

Well, he seemed pretty calm by the time I got to him. He was very interested in what I was doing but had nothing to say about it.

I think there's a photograph in your book. I don't know, was that your photograph or someone had taken that?

Somebody took that picture. You can't see me because I'm behind the guy putting the bandage on his butt.

He looks like he's got a cigarette between his fingers or something.

Yes, one of our officers, Duke Shows was the one who was holding the pistol on him. He had given him the cigarette, and the guy was extremely grateful for it. You'd have thought that he'd given him a gift of great value, but I guess it was just the idea that he was being treated nicely and given a cigarette. We also had the survivors of the sunken ships on our deck, too, and they couldn't understand why we were being nice to the guy. They wanted to kill him.

Yes. Well, just a few minutes before he had tried to kill them.

Yes, that's right.

It was very unusual for any of the Japanese to survive any of that stuff, so to actually see one in the flesh must have been, in one sense, a novelty.

Yes, it was. Were you able to read the latter part, the part that the kamikaze bomber pilot had sent to me?

Yes, I did see that.

Okay.

Yes, I did. That . . .

Well anyhow, the final story on that was . . . I have a Japanese daughter-in-law, and every time we wanted to contact this guy--the bomber pilot--she would do the talking to him because she would be better able to catch all of the fine nuances and read between the lines.

But anyhow, she finally got this guy to admit that he had found out the whereabouts of this kamikaze that we picked up, and he said that the people had recognized who it was. But they told him to quit asking questions about it because the guy had not come home, and that was a euphemism for the fact that he felt that he would disgrace his family and himself if he went home after not fighting to the death. And so, he had committed suicide.

That's the one that you had cared for.

The one I took care of, yes.

That's quite a story. You remained on the ship throughout the whole Okinawa campaign.

That's right.

It was about, what, 3 months?

Yes, we got there on Easter Sunday, the 1st of April, and we left on June the 30th. We left and escorted a couple of troop ships back to Saipan, and that's where I got so stinking drunk that I can't even remember how I got back aboard the ship.

Well, you earned it.

Well, maybe I did.

Yes, I think you probably and the entire crew earned getting drunk like that. The invasion of Japan was scheduled for later on, and I guess you were all going to go with it, weren't you?

Yes, we'd have been there.

And so, I guess when you heard about the atomic bomb being dropped on Japan, that must have been quite a relief.

Yes, it was funny, actually. I was at home on leave when the atom bomb was dropped, and my wife and I went into Chicago. We had planned on going in that day anyhow, and everywhere I went they looked at my uniform and the battle ribbons and so on and said, well, you won't have to go back. But I guess they didn't know the Navy. So, no, I had to go clear out to Pearl Harbor and report aboard my ship, and then I got detached and sent back to the States.

Well, that's a very important day for me also. I was born on that day.

Oh, well, how about that?

August 6, 1945 is my birthday, and in my family they say there were two bombs dropped that day. There was the one my mother dropped that ended the war.

Well, it's nice having a credit like that to your name.

Yes, it sure is. It sure is.

There was something else I want to say. Our ship has a reunion. We're having one every year now because we're dying off so fast. But anyhow 2 years ago we had our reunion in Kansas City, and that of course is where President Truman came from, and that is where he is buried. So as part of our reunion activities we went to lay a wreath on his grave. I was asked to "make a few remarks" at the ceremony, and in brief said something like this:

"It is fitting that the crew of the 852 should pause today to pay our respects to President Truman. We look back to the year 1945, when Truman, as our Commander in Chief, gave the order to drop the atom bomb. We had just been through the long campaign to free the Philippines and the Battle of Okinawa. We had seen the fanatical resistance-to-the-death of the Japanese. We knew that our next mission would be the invasion of Japan, and we knew that our military estimated the invasion would cost us a million dead and wounded. And then the bomb fell, and the war was over. No more long hours at battle stations, no more dead bodies on our fantail, no more shattered bodies in our sick bay.

And so, Mr. President, you have our gratitude and our respect. And when we pause to give thanks to the Lord who guided us safely through battle and tempest, let us also thank Him for giving us a Commander in Chief who had the vision and the courage to make the hard decisions, and to say, 'The buck stops here'."

I imagine the rest of the crew felt that way. Are you all going to be having another reunion?

Yes, it's scheduled for the weekend after Labor Day, and it's going to be held in Oklahoma City, which is where we held our first reunion; it must have been 18 years ago. The man you talked to, A. P. Samuels, was one of the hospital apprentices onboard the ship, and he was the one that made the effort to try to track everybody down that he could find and organize the first ship's reunion because at that time he was living in Norman, Oklahoma.

Is he doing the one coming up?

No, it's being done by another crew member and his family, name of Bob May. But if you want to know about the reunions, why Sammy would be a good source for it.

Yes. I'll be in touch with him soon. I want to ask you really one last question. I usually ask people this same question when I interview them. You know, it's been 60 years since the war, and I wonder all those things you saw back then, do you think about it much anymore?

No, not much. I had nightmares for a long time after the war, which surprised me because I did not think I had been that much affected. However, I did lose 20 pounds or more at the Battle of Okinawa, and came home with a 32-inch waist, which I wish I still had. And for a long time, when the telephone would ring in the middle of the night, I would find myself groping under the bed for my helmet and my kapok life jacket.

Being a battlefield medic of course involved treating some horrible wounds under adverse conditions, and seeing some macabre sights, as well as working with the knowledge that there were airplane pilots up there in the darkness intent on my destruction as well as their own. We lost about 450 ships at Okinawa, either sunk or put out of action. But we went unscathed through kamikaze attacks, torpedo attack, and fire from shore batteries.

Outside of that, it wasn't much more stressful than family practice in a rural community.

You practiced medicine after the war for many years, didn't you?

Yes. My wife came from a small town in northern Illinois, and we had a house to live in there, which was important at that time because housing was really in short supply with everybody coming home. They'd started families during the war, and now they had to find a place to live. They couldn't move back in with daddy.

So housing was quite short, and it seemed to be a real nice community and a prosperous community. And the doctors that had stayed there during the war were all way up in their 60s and so forth, so it looked like a good place to settle and raise kids and everything else that went with a fulfilling practice.

So I did country practice then for around 28 years, and I keep trying to find time to write a book about that, too, because there were really some enlightening experiences with that. At the end of the 28 years, the hospital in the county seat had just been designated an area-wide trauma center, and so they asked me if I would become the director of that.

So I closed my practice and became the director of the emergency room and the trauma center and did that for 3 years. And by that time, it was up and running pretty well and, more or less, self sustaining. So then I went back into practice there in Kankakee where the hospital was. They were nice enough to give me an office right in the hospital building.

So when did you retire from practice?

Well, I got an associate in 1987, a young man just out of training, so I did limited practice then for another 3 years. And then I would have retired in 1990, except that I still couldn't bring myself to give it up, so I did locum tenens for another 3 years.

Excuse me? You did what?

Locum tenens. It's a Latin term for place holding. It's like being a medical Kelly girl.

Oh, I see, kind of a part time where you were needed.

Yes, I signed up with this outfit out of Salt Lake City. There are a number of these, and they recruit doctors to take the place of someone who has to be away for a while or wants to go to a meeting or just wants to get away from the madhouse for a week or two.

Yes.

They sent me off to exotic places, like Sergeant, Nebraska in the winter and someplace down in Georgia in the summertime. Oh, I developed almost a regular clientele. There was a place down in southern Illinois where I went at least six times. Same way with the hospital out in Sergeant, Nebraska. It was like going back in time about 40 years or so because when I got there, I was the only doctor for 30 miles in any direction.

When did you retire for good?

I did this locum tenens for 3 years and, anyhow, in 1993 I came home twice with pneumonia. That's a hazard of going off to a new territory where you encounter bacteria that you haven't become familiar with. And so, I came home twice that year with pneumonia, so I figured, ah, the heck with it. I'll find something else to do.

So I started recording textbooks for an outfit called Recording for the Blind and Dyslexic. They have a studio here in Phoenix, and I'd go in there and record books on tape-- medical books and nursing textbooks and scientific books. They were very glad to see me because I was able to pronounce all those God awful Latin words.

So what do you do now to keep occupied?

Oh, that's about all. I work on my family genealogy and then got that all traced back to about 1625 in northern France. And I wrote that up, too, for the benefit of my kids. And I wrote another book about life in the 20th century, the transition from 1800s--the pioneering days-- because my dad's lifespan and my lifespan more or less span the entire 20th century.

Well, it sounds like you've got plenty to keep you busy.

Oh yes. Now, if I could just get the book finished about country practice, that ought to be a wing dinger, too.

Would you be interested in some other things, too, such as when I was 4 years old when the troops started coming home from World War I, and I can remember that.

You can remember that?

I can remember that. I remember walking down Broadway in Gary with my mother and father, and there were guys in uniform with missing legs sitting on the sidewalk with a tin cup or a cap in front of them begging. I don't know now if they really were veterans of the war or whether they were just opportunists who were trying to pick up some money that way.

My Uncle Edmund was in the Army of occupation in Germany, and I remember him coming home and staying with us for a while. And of course, I remember all the backlash against the war, the fact that we got suckered into World War I by the "Merchants of Death" and all that garbage.

I don't know if people nowadays have ever heard about all of that. I was a freshman in college when Hitler came to power. Then, when the war seemed more and more imminent, the isolationism became more and more frantic. And I remember the kids in college talking about this. They didn't want to go to war. Stay out of European entanglements, et cetera, et cetera, the fact that we had rejected Wilson's--what did they call it?

Fourteen points and the League of Nations.

And the League of Nations, yes. Boy, that sure went down the drain in a hell of a hurry when the Japs bombed Pearl Harbor.

Yes, it did, didn't it?

Yes, the isolationists disappeared into the woodwork, even the Senator from Michigan-- Vandenburg--who had been one of the strong voices for staying out of World War II. He finally made a speech. He said it had become extremely difficult to remain a pacifist.

And as you say, they all disappeared in the woodwork.

Yes.

It was only one – I guess when the Congress voted for the declaration of war against Japan, there was only one – what was her – her name was Rankin, a woman senator who voted against it. She was the only one. It was pretty much unanimous.

Yes.

Well, I've got your address. Let me just make sure I've got it correctly. I've got you at 8360 East Via de la Escuela in Scottsdale. And the zip is 85258.

That's right. One thing more, did Sammy give you the website for our engineer officer's story of the war, his diary that he kept?

No, he didn't. He didn't.

Oh, well, would you like it? It's about 46 pages, and it's on a website. I didn't even know that Duke was keeping this diary.

No, well, yes, if you'd just give me the website, I'll go pull it up.

Okay, you go on the web and you type in Ensign Shows--S-H-O-W-S--Journal Aboard PCE(R)852.

So that's Ensign Shows?

Ensign Shows Journal.

That's all one word, right? EnsignShowsJournal?

No, Ensign was his rank. I'm just saying when you type it in.

Okay.

Ensign Shows Journal Aboard USS – or just Aboard PCE(R)852. And then when that comes up, there'll only be one other choice that they find. And I can't remember what that is, but, anyhow, click on it. And then this story will come up, all 46 pages of it.

Well, I will do that.

But you can't publish it without permission.

Oh, I know. I'll read it just for its content.

Yes, but if you get a hold of his son, Newsom T. Shows III, and get permission from him. He's a disabled veteran of the Vietnamese War.

Get permission from him. He might let you include that, too, in these oral histories. You can't get the oral history from Ensign Shows because he got killed in an auto accident. After living through the whole war, he gets killed in an auto accident after he got home.

Wow, that's a shame. Well, I wanted to ask you one last thing. What was your rank when you were on the ship? Were you a lieutenant?

Yes. The week after Pearl Harbor everybody in my class lined up and enlisted in the Navy, and they gave us a commission as an ensign in the Hospital Corps. And this apparently was to keep us from getting drafted as a buck private, and they told us to finish school as expeditiously as possible, which meant we had to go summers and everything. And then, when I was an intern, they called me up for a physical exam and promoted me to a lieutenant j.g. in the Medical Corps. And that was the rank I carried all through the war. I finally caught an ALNAV in November of 1945 and got promoted to a two-stripe lieutenant.

Oh, okay, so at the end of the war you were a two-striper?

After the war, yes.

Well, thanks so much for spending time with me this afternoon. I really appreciate it very much.

Well, I'm glad to do it.

And I hope to get to talk to you again soon.

Well, I hope so.